

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of New Mexico



NAVAJO NATION, a federally recognized Indian
Tribe; NAVAJO NATION HUMAN RIGHTS
COMMISSION; LORENZO BATES; JONNYE
KAIBAH BEGAY; GLORIA ANN DENNISON et al.,

Plaintiff(s)

v.

SAN JUAN COUNTY, NEW MEXICO; SAN JUAN
COUNTY BOARD OF COMMISSIONERS; JOHN
BECKSTEAD, in his official capacity as Chairman et
al.,

Defendant(s)

Civil Action No. 1:22-cv-00095-SMV-JFR

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* San Juan County Clerk Tanya Shelby
County Clerk's Office
PO Box 550
Aztec, NM 87410

A lawsuit has been filed against you.

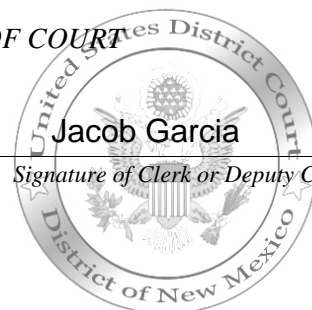
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Leon Howard
Preston Sanchez
ACLU OF NEW MEXICO
P.O. Box 566
Albuquerque, NM 87103
Telephone: (505) 266-5915

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: Friday, February 11, 2022



Jacob Garcia

Signature of Clerk or Deputy Clerk

Civil Action No. 1:22-cv-00095-SMV-JFR

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Defendant San Juan County Clerk Tanya Shelby
 was received by me on *(date)* February 11, 2022 .

☒ I personally served the summons on the individual at *(place)* County Clerk's Office, P.O. Box 550
 Aztec, NM 87410 on *(date)* February 14, 2022 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

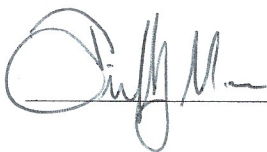
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: February 18, 2022



Server's signature

Tiffany McCree, Senior Paralegal

Printed name and title

ACLU-NM
 P.O. Box 566
 Albuquerque, NM 87103

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>San Juan County Clerk Tanya Shelby County Clerk's Office PO Box 550 Aztec, NM 87410</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Sheri Armstrong 2-14-22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0000 3394 4260</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery (10)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	